

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-68-013849

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2854**

FILED MAR 28 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carter	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Van Buren	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mattie Middle Smith Last Smith		4. DATE OF DEATH Month March Day 9 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/31/1895
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Carter Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME James F. Bucy	
13b. MOTHER'S MAIDEN NAME Mary Jane Hawkins		14. NAME OF HUSBAND OR WIFE Merle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Garth Smith, Box 64, Imperial, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2nd + 3rd Degree Burns of 75% of body; suffered Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: in fire in home at Van Buren, Missouri, on or about DUE TO (b) March 5th 1963. (accident) DUE TO (c) 9/6-0-16		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above	
20c. TIME OF INJURY Hour 2 o.m. 3-5-63 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home	20f. CITY, TOWN, OR LOCATION Van Buren, Mo
21. I attended the deceased from 5:00 A to 5:00 A and last saw her alive on March 9, 1963 Death occurred at 5:00 A on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner	
22b. ADDRESS 1300 Clark Ave.		22c. DATE SIGNED 3-11-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-12-63	23c. NAME OF CEMETERY OR CREMATORY Van Buren Cemetery	23d. LOCATION (City, town, or county) (State) Van Buren, Mo.
24. FUNERAL DIRECTOR Pewitt Funeral Home, Van Buren, Mo.		25. DATE REC'D. BY LOCAL REG. MAR 11 1963	
26. REGISTRAR'S SIGNATURE Garth Smith M.D.			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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20180

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DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

MAR 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Lawrence G. Meyer
Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed; fact should be so stated above.